United Nations E/CN.6/2009/13

Economic and Social Council

Distr.: General
15 December 2008

Original: English

Commission on the Status of Women
Fifty-third session
2-13 March 2009
Item 5 of the provisional agenda*
Follow-up to Economic and Social Council resolutions and decisions

Implementing the internationally agreed goals and commitments in regard to global public health

Note by the Secretariat

I. Introduction

1. Since 2002, the Economic and Social Council, pursuant to paragraph 13 of its agreed conclusions 2002/1 of 26 July 2002,[1] has invited its functional commissions to provide inputs to the overall theme of the Council's coordination and high-level segments as they relate to their area of work. In its resolution 61/16 of 20 November 2006, the General Assembly adopted new working methods for the Council to strengthen its role as the central mechanism for system-wide coordination in the implementation of, and follow-up to, the outcomes of the major United Nations conferences in the economic, social and related fields. Within the framework of these new working methods, the Assembly decided that the Council should hold annual ministerial-level substantive reviews as part of its high-level segment and requested the Council to urge its functional commissions to contribute to the review. At its substantive session of 2008, the Economic and Social Council requested its functional commissions to contribute to the annual ministerial review, in accordance with their mandates (see Council resolution 2008/29, para. 8).

2. At its resumed substantive session of 2007, the Economic and Social Council, in its decision 2007/272 of 4 October 2007, decided that the theme for the annual ministerial review would be "Implementing the internationally agreed goals and commitments in regard to global public health". The present note has been prepared by the Secretariat to assist the Commission on the Status of Women, should it

* E/CN.6/2009/1.

[1] See *Official Records of the General Assembly, Fifty-seventh Session, Supplement No. 3* (A/57/3/Rev.1), chap. V, sect. A, para. 9.

08-65132 (E) 070109

consider providing input into the high-level segment of the Council's substantive session of 2009.

3. This note provides an overview of recommendations for actions to incorporate gender perspectives in global public health as contained, inter alia, in the Cairo Programme of Action,[2] the Beijing Declaration and Platform for Action,[3] the outcome of the twenty-third special session of the General Assembly,[4] and the agreed conclusions of the Commission on the Status of Women since 1996, as well as provisions contained in international human rights instruments.

II. Background

4. The Beijing Platform for Action identified women and health as one of its 12 critical areas of concern. The Platform reiterated the agreements in the Programme of Action of the International Conference on Population and Development (1994) and in the Programme of Action of the World Summit for Social Development (1995), as well as the obligations of States parties under the Convention on the Elimination of All Forms of Discrimination against Women and other relevant international agreements, to meet the health needs of girls and women of all ages (para. 106 (a)).

5. The Platform for Action recognized women's right to the enjoyment of the highest standard of health and noted inequality as a major barrier for women to the achievement of the highest attainable standard of health, both between men and women and among women in different geographical regions, social classes and indigenous and ethnic groups (para. 89). It further acknowledged that women have different and unequal access to and use of basic health resources, including primary health services for the prevention and treatment of childhood diseases, malnutrition, anaemia, diarrhoeal diseases, communicable diseases, malaria and other tropical diseases and tuberculosis, among others. Gender bias in the health system often leads to the provision of inadequate and inappropriate medical services to women (para. 90).

6. The Platform for Action noted that women are affected by many of the same health conditions as men, but women experience them differently. The prevalence among women of poverty and economic dependence, their experience of violence, negative attitudes towards women and girls, racial and other forms of discrimination, the limited power many women have over their sexual and reproductive lives and lack of influence in decision-making have an adverse impact on their health. Lack of food and inequitable distribution of food for girls and women in the household, inadequate access to safe water, sanitation facilities and fuel supplies, particularly in rural and poor urban areas, and deficient housing conditions, all overburden women and their families and have a negative effect on their health. Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment (para. 92).

---

[2] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[3] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

[4] General Assembly resolutions S-23/2, annex, and S-23/3, annex.

7. The Platform for Action recognized that the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence (para. 96).

8. The Platform for Action noted that discrimination against girls, often resulting from son preference, endangered their health and well-being. Early child-bearing curtails educational and employment opportunities and has an adverse impact on the quality of their lives and the lives of their children (para. 93).

9. Governments, the United Nations and its specialized agencies, international financial institutions, bilateral donors and the private sector were called upon to give higher priority to women's health and develop mechanisms for coordinating and implementing the health objectives of the Platform for Action and relevant international agreements to ensure progress (para. 111 (c)).

10. Since 1996, agreed conclusions adopted by the Commission on the Status of Women have reaffirmed and enhanced commitments of the Platform for Action on women and health. The Commission focused specifically on implementation of the critical area of concern, women and health, in its agreed conclusions on women and health in 1999 (see Economic and Social Council resolution 1999/17), and in its agreed conclusions of 2006 on the enhanced participation of women in development: an enabling environment for achieving gender equality and the advancement of women, taking into account, inter alia, the fields of education, health and work.[5] Agreed conclusions on other priority themes have also considered health aspects, for example the agreed conclusions on women, the girl child and HIV/AIDS (2001) (see Economic and Social Council resolution 2001/5, sect. A); on the role of men and boys in achieving gender equality (2004) (see Economic and Social Council resolution 2004/11); and on the elimination of all forms of discrimination and violence against the girl child (2007).[6] Resolutions of the Commission have also raised health aspects, for example, resolution 52/4 on women, the girl child and HIV/AIDS and resolution 52/2 on ending female genital mutilation.

11. In the United Nations Millennium Declaration of 2000,[7] world leaders resolved to promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable (para. 20). The Millennium Development Goals, developed in 2000, include time-bound and measurable goals, including those aimed at eradicating poverty and hunger, improving maternal health, reducing child mortality, promoting gender equality, and combating HIV/AIDS.

12. During the 2005 World Summit,[8] Heads of State and Government committed themselves to achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration (para. 57 (g)). Heads of State and

[5] *Official Records of the Economic and Social Council, 2006, Supplement No. 7* (E/2006/27 and Corr.1 and 2), chap. I, sect. D.

[6] Ibid., *2007, Supplement No. 7* (E/2007/27), chap. I, sect. A.

[7] See General Assembly resolution 55/2.

[8] See General Assembly resolution 60/1.

Government also resolved to promote gender equality and eliminate pervasive gender discrimination by, inter alia, ensuring equal access to reproductive health (para. 58 (c)).

13. International human rights instruments, including the Universal Declaration of Human Rights,[9] the International Covenant on Economic, Social and Cultural Rights,[10] the Convention on the Elimination of All Forms of Discrimination against Women,[11] the Convention on the Rights of the Child[12] and the Convention on the Rights of Persons with Disabilities[13] provide a human rights framework which is closely linked to the achievement of internationally agreed goals and commitments on gender equality and women's health.

III. Internationally agreed goals and commitments on the health of women and girls

A. The right of women and girls to the highest standard of health

14. The Programme of Action of the International Conference on Population and Development emphasized that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8).

15. The Beijing Platform for Action reaffirmed the right to the enjoyment of the highest attainable standards of physical and mental health. Governments were called upon to protect and promote the attainment of this right for women and girls and incorporate it in national legislation; and to review existing legislation, including health legislation, as well as policies, where necessary, to reflect a commitment to women's health and to ensure that they meet the changing roles and responsibilities of women wherever they reside (para. 106 (b)).

16. International human rights treaties include provisions on equality and non-discrimination as well as on women's right to health. Article 25 (1) of the Universal Declaration of Human Rights (1948) established that everyone has the right to a standard of living adequate for health and well-being, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood. Article 25 (2) provides that motherhood and childhood are entitled to special care and assistance.

17. The States parties to the International Covenant on Economic, Social and Cultural Rights[10] (1966) recognized, in article 12 (1), the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. States parties are to take steps to achieve the full realization of this right, including, inter

[9] General Assembly resolution 217 A (III).

[10] See General Assembly resolution 2200 A (XXI), annex.

[11] United Nations, *Treaty Series*, vol. 1249, No. 20378.

[12] Ibid., vol. 1577, No. 27531.

[13] General Assembly resolution 61/106, annex I.

alia, those necessary for the provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child (article 12 (2 (a))). Mothers should be accorded special protection during a reasonable period before and after childbirth (article 10 (2)).

18. In 2000, the Committee on Economic, Social and Cultural Rights, in its General Comment No. 14,[14] recommended that States integrate a gender perspective in their health-related policies, planning, programmes and research in order to promote better health for both women and men. In addition, the Committee noted the need to develop and implement a comprehensive national strategy for promoting women's right to health throughout their lifespan. Such a strategy should include interventions aimed at the prevention and treatment of diseases affecting women, as well as policies to provide access to a full range of high quality and affordable health care, including sexual and reproductive services.

19. The Convention on the Elimination of All Forms of Discrimination against Women[11] (1979) addresses women's right to health in its articles 4 (2) (temporary special measures), 10 (education), 11 (employment), 12 (health care), 14 (rural women) and 16 (marriage and family relations). Article 12 commits States parties to take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health-care services, including those related to family planning, and to ensure to women appropriate services in connection with pregnancy.

20. The Committee on the Elimination of Discrimination against Women has issued a number of general recommendations with regard to women's health. In its general recommendation 24 (1999),[15] the Committee noted that the duty of States parties to ensure, on a basis of equality of men and women, access to health-care services, information and education implies an obligation to respect, protect and fulfil women's rights to health care; and that States parties have the responsibility to ensure that legislation and executive action and policy comply with these three obligations.

21. The Convention on the Rights of the Child (1989)[12] recognizes the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health and calls on States parties to ensure that no child is deprived of his or her right of access to such health-care services (article 24 (1)). The Convention also calls on States parties to take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children (article 24 (3)).

22. In its article 25, the Convention on the Rights of Persons with Disabilities (2006)[13] calls on States parties to take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States parties shall provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes (article 25 (a)).

---

[14] See E/C.12/2000/4, paras. 20 and 21.

[15] See *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 38* (A/54/38/Rev.1), chap. I, sect. A.

B. Strengthening health systems to meet the needs of women and girls and expanding their access to health-care services

23. The Beijing Platform for Action called on Governments to design and implement gender-sensitive health programmes, including decentralized health services, that address the needs of women throughout their lives and take into account their multiple roles and responsibilities; to include women, especially local and indigenous women, in the identification and planning of health-care priorities and programmes; and to remove all barriers to women's health services and provide a broad range of health-care services (para. 106 (c)). Governments should formulate special policies, design programmes and enact the legislation necessary to alleviate and eliminate environmental and occupational health hazards associated with work in the home, in the workplace and elsewhere with attention to pregnant and lactating women (para. 106 (p)).

24. The Platform for Action called for the strengthening of health services, particularly primary health care, in order to ensure universal access to quality health services for women and girls; the reduction of ill health and maternal morbidity and the achievement worldwide of the agreed-upon goal of reducing maternal mortality. Governments should ensure that the necessary services are available at each level of the health system and make reproductive health care accessible, through the primary health-care system, to all individuals of appropriate ages as soon as possible and no later than the year 2015 (para. 106 (i)). More accessible, available and affordable primary health-care services of high quality should be provided, including sexual and reproductive health care, which includes family planning information and services, with particular attention to maternal and emergency obstetric care (para. 106 (e)). Mental health services should be integrated into primary health-care systems or other appropriate levels (para. 106 (q)).

25. Governments should ensure that all health services and workers conform to human rights and to ethical, professional and gender-sensitive standards in the delivery of women's health services (para. 106 (g)); and develop supportive programmes and train primary health workers to recognize and care for girls and women of all ages who have experienced any form of violence, especially domestic violence, sexual abuse or other abuse resulting from armed and non-armed conflict (para. 106 (q)).

26. The Platform called on Governments to increase budgetary allocations for primary health care and social services, with adequate support for secondary and tertiary levels, with special attention to the reproductive and sexual health of girls and women (para. 110 (a)).

27. The Platform recognized the specific health needs of different groups of women. It noted the special needs of rural women and women with disabilities and the needs of women arising from age and socio-economic and cultural differences (para. 106 (c)). It called for particular attention to the needs of girls, including their continuing access to necessary health and nutrition information (para. 106 (l) and (m)); the health needs of older women, paying particular attention to those who are physically or psychologically dependent (para. 106 (n)); the need for supportive services for girls and women of all ages with any form of disability (para. 106 (o)); and full and equal access to health-care infrastructure and services for indigenous women (para. 106 (y)).

28. Governments were called upon to ensure the availability of and universal access to safe drinking water and sanitation and put in place effective public distribution systems as soon as possible (para. 106 (x)).

29. In the outcome of its twenty-third special session (see resolution S-23/3, annex), the General Assembly noted that increased efforts were needed to provide equal access to health and to ensure women's and girls' rights to the enjoyment of the highest attainable standard of physical and mental health and well-being throughout the life cycle, as well as adequate, affordable and universally accessible health care and services, including sexual and reproductive health, particularly in the face of the HIV/AIDS pandemic (para. 55). The Assembly called on Governments to adopt, enact, review and revise, where necessary or appropriate, and implement health legislation, policies and programmes, in consultation with women's organizations and other actors of civil society, and allocate the necessary budgetary resources to ensure the highest attainable standard of physical and mental health, so that all women have full and equal access to comprehensive, high-quality and affordable health care, information, education and services throughout their life cycle (para. 72 (g)).

30. The Commission on the Status of Women, at its forty-third session, paid particular attention to women's and girls' access to health-care services across the life cycle in its agreed conclusions, which were endorsed by the Economic and Social Council at its substantive session of 1999. The Commission called on Governments and other actors to formulate policies favourable to investments in women's health and intensify efforts to meet the targets identified in the Beijing Platform for Action; to ensure universal access for women throughout the life cycle to social services related to health care, including education, clean water and safe sanitation, nutrition, food security and health education programmes; and to allocate and reallocate, where appropriate, adequate resources to put in place the necessary measures which ensure that quality health services are accessible to those women throughout their life cycle who are living in poverty, are disadvantaged or are socially excluded (see Council resolution 1999/17, sect. I, para. 7 (Actions to be taken by Governments), para. 1 (b), (c) and (f)).

31. In the context of health sector reform and development and growing diversification of the provision of care, the Commission also called upon Governments to secure equal and equitable access to care for women and to ensure that health sector reform and development efforts promote women's health; and address under-provision of health care; and to systematically integrate the process of gender analysis in the health sector and undertake gender impact assessments and monitoring of all health sector reforms and development to ensure that women benefit equally from those reforms (see Council resolution 1999/17, sect. I, para. 7 (Actions to be taken by Governments), para. 7 (a) and (b)).

32. The Commission on the Status of Women, in its agreed conclusions on the elimination of all forms of discrimination and violence against the girl child (2007),[16] called upon Governments to take all necessary measures to ensure the rights of girls to the enjoyment of the highest attainable standard of health, and develop sustainable health systems and social services, ensuring access to such

[16] See *Official Records of the Economic and Social Council, 2007, Supplement No. 7* (E/2007/27), chap. I, sect. A.

systems and services without discrimination, paying special attention to adequate food and nutrition and the effects of communicable diseases and to the special needs of adolescents, including raising awareness about eating disorders, and to sexual and reproductive health, and securing appropriate prenatal and post-natal care, including measures to prevent mother-to-child transmission of HIV (para. 14.4 (a)).

33. The Commission, in its agreed conclusions on financing for gender equality and the empowerment of women (2008),[17] called on Governments to strengthen education, health and social services and effectively utilize resources to achieve gender equality and the empowerment of women and ensure women's and girls' rights to education at all levels and the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, as well as quality, affordable and universally accessible health care and services, in particular primary health care (para. 21 (ee)).

34. In its general recommendation 24 (1999),[15] the Committee on the Elimination of Discrimination against Women asked States parties to report on measures taken to eliminate barriers that women face in gaining access to health-care services. Barriers include requirements or conditions that prejudice women's access, such as high fees for health-care services, the requirement for preliminary authorization by spouse, parent or hospital authorities, distance from health facilities and the absence of convenient and affordable public transport (para. 21). In particular, States parties should implement a comprehensive national strategy to promote women's health throughout their lifespan, including interventions aimed at both the prevention and treatment of diseases and conditions affecting women, as well as responding to violence against women; and to ensure universal access for all women to a full range of high-quality and affordable health care, including sexual and reproductive health services (para. 29). Adequate budgetary, human and administrative resources should be allocated to ensure that women's health receives a share of the overall health budget comparable with that for men's health, taking into account their different health needs (para. 30).

35. The Convention on the Rights of the Child[12] calls on States parties to ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision (article 3 (3)). The Convention also calls on States parties to recognize the right of the disabled child to special care (article 23 (2)).

C. Improving women's and girls' health through the Millennium Development Goals

36. The Millennium Development Goal framework focuses on global public health within three of its goals, all of which have important implications for women's and girls' health. Goal 4 focuses on the reduction of child mortality with a target to reduce by two thirds the mortality rate among children under the age of five between 1990 and 2015. Goal 5 calls for a three-quarters reduction in the maternal mortality ratio between 1990 and 2015, and the achievement of universal access to reproductive health by 2015. Goal 6 focuses on combating HIV/AIDS, malaria and

[17] Ibid., *2008, Supplement No. 7* (E/2008/27), chap. I, sect. A.

other diseases with the targets to achieve universal access to treatment for HIV/AIDS for all who need it by 2010 and to halt and begin to reverse the spread of HIV/AIDS by 2015.

37. The achievement of other Millennium Development Goals also has a significant impact on the health outcomes for women and girls: Goal 1 aims to eradicate extreme poverty and hunger; Goal 3 promotes gender equality and the empowerment of women; and Goal 8 focuses on forging global partnerships for development with a target of providing access to affordable essential drugs in developing countries.

1. Improving child health

38. The specific health needs and concerns of the girl child have been addressed in intergovernmental forums. The Platform for Action called on Governments to give particular attention to the needs of girls; to take specific measures for closing the gender gaps in morbidity and mortality where girls are disadvantaged, while achieving internationally approved goals for the reduction of infant and child mortality (para. 106 (l)); and to place special focus on programmes to educate women and men, especially parents, on the importance of girls' physical and mental health and well-being, including the elimination of discrimination against girls in food allocation, early marriage, violence against girls, female genital mutilation, child prostitution, sexual abuse, rape and incest (para. 277 (d)).

39. The Platform for Action further urged Governments to take actions to sensitize the girl child, parents, teachers and society concerning good general health and nutrition and raise awareness of the health dangers and other problems connected with early pregnancies (para. 281 (b)); to strengthen and reorient health education and health services, particularly primary health-care programmes, including sexual and reproductive health, and design quality health programmes that meet the physical and mental needs of girls and that attend to the needs of young, expectant and nursing mothers (para. 281 (c)); and to emphasize the role and responsibility of adolescents in sexual and reproductive health and behaviour through the provision of appropriate services and counselling (para. 281 (g)).

40. The Commission on the Status of Women, in its agreed conclusions on the elimination of all forms of discrimination and violence against the girl child (2007),[16] called upon Governments to improve the situation of girl children living in poverty, deprived of nutrition, water and sanitation facilities, with no access to basic health-care services, shelter, education, participation and protection, taking into account that while a severe lack of goods and services is most threatening and harmful to the girl child, leaving her unable to enjoy her rights, to reach her full potential and to participate as a full member of society (para. 14.1 (c)). The Commission also noted the importance of ensuring the availability of and access to comprehensive age-appropriate information, education and confidential counselling for girls and boys, including in school curricula, on human relationships, and sexual and reproductive health, sexually transmitted infections, including HIV/AIDS, and the prevention of early pregnancy, that emphasize the equal rights and responsibility of girls and boys (para. 14.4 (b)).

41. Further, the Commission on the Status of Women urged Governments to develop, implement and support national and international prevention, care and treatment strategies to effectively address the condition of obstetric fistula and to

further develop a multisectoral, multidisciplinary, comprehensive and integrated approach in order to put an end to obstetric fistula, maternal mortality and related morbidities, including through ensuring access to affordable, comprehensive, quality maternal health-care services, including skilled birth attendance and emergency obstetric care (para. 14.4 (c)).

2. Improving maternal health, including universal access to reproductive health

42. Millennium Development Goal 5 on improving maternal health is the area of least progress among all Millennium Development Goals.[18] The Platform for Action recognized the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. This also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (para. 95).

43. The Platform for Action called on Governments to take actions in regard to sexual and reproductive health, including to:

(a) Reinforce laws, reform institutions and promote norms and practices that eliminate discrimination against women and encourage both women and men to take responsibility for their sexual and reproductive behaviour (para. 107 (d));

(b) Recognize the specific needs of adolescents and implement specific appropriate programmes, such as education and information on sexual and reproductive health issues and on sexually transmitted diseases, including HIV/AIDS, taking into account the rights of the child and the responsibilities, rights and duties of parents (para. 107 (g));

(c) Provide financial and institutional support for research on safe, effective, affordable and acceptable methods and technologies for the reproductive and sexual health of women and men, including more safe, effective, affordable and acceptable methods for the regulation of fertility, including natural family planning for both sexes, methods to protect against HIV/AIDS and other sexually transmitted diseases and simple and inexpensive methods of diagnosing such diseases, among others (para. 109 (h)).

44. Member States were called upon by the General Assembly, at its twenty-third special session (2000), to ensure that the reduction of maternal morbidity and mortality is a health sector priority and that women have ready access to essential obstetric care, well-equipped and adequately staffed maternal health-care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, post-partum care and family planning in order to promote safe motherhood, and to give priority attention to measures to prevent, detect and treat breast, cervical and ovarian cancer and osteoporosis, and sexually transmitted infections, including HIV/AIDS (General Assembly resolution S-23/3, annex, para. 72 (b)).

---

[18] Background note by the Secretary-General to the high-level event on the Millennium Development Goals (25 September 2008), "Committing to action: achieving the Millennium Development Goals", 25 July 2008.

45. In its agreed conclusions on women and health (1999), the Commission on the Status of Women called on Governments to provide maternal and essential obstetric care, including emergency care, and implement existing and develop new strategies to prevent maternal deaths, caused by, inter alia, infections, malnutrition, hypertension during pregnancy, unsafe abortion and post-partum haemorrhage, and child deaths; to support scientific research into and the development of safe, affordable, effective and easily accessible female-controlled methods of family planning, including dual methods such as microbicides and female condoms that protect against both sexually transmitted diseases and HIV/AIDS and prevent pregnancy, taking into account paragraph 96 of the report of the Fourth World Conference on Women. It also called for the education of women and men, particularly young people, with a view to encouraging men to accept their responsibilities in matters related to sexuality, reproduction and child-rearing and to promoting equal relationships between women and men (see Council resolution 1999/17, sect. I, para. 7 (Actions to be taken by Governments), para. 2 (a), (c) and (e)).

46. In 2004, the Commission, in its agreed conclusions on the role of men and boys in achieving gender equality (see Economic and Social Council resolution 2004/11), called on Governments to design and implement programmes to encourage and enable men to adopt safe and responsible sexual and reproductive behaviour and to use effectively methods to prevent unwanted pregnancies and sexually transmitted infections, including HIV/AIDS (para. 6 (q)).

47. In addition to article 12 on health care, other articles of the Convention on the Elimination of All Forms of Discrimination against Women[11] make reference to specific health needs of women. The Convention calls on States parties to take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular the right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction (article 11 (1 (f))). In order to prevent discrimination against women on the grounds of marriage or maternity, States parties shall take appropriate measures to provide special protection to women during pregnancy in types of work proved to be harmful to them (article 11 (2 (d))). In article 16 (1 (e)) the Convention calls on States parties to take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular to ensure, on a basis of equality of men and women, the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights (article 16 (1 (e))).

48. The Convention on Rights of Persons with Disabilities[13] calls on States parties to ensure that the rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized (article 23, para. 1 (b)).

3. Combating HIV/AIDS, malaria and other diseases

49. The Platform for Action urged Governments to ensure the involvement of women, especially those infected with HIV/AIDS or other sexually transmitted

diseases or affected by the HIV/AIDS pandemic, in all decision-making relating to the development, implementation, monitoring and evaluation of policies and programmes on HIV/AIDS and other sexually transmitted diseases (para. 108 (a)). Legislation should be enacted against those sociocultural practices that contribute to women's susceptibility to HIV infection and other sexually transmitted diseases; and legislation, policies and practices should be implemented to protect women, adolescents and young girls from discrimination related to HIV/AIDS (para. 108 (b)).

50. In the outcome of its twenty-third special session, the General Assembly called for policies and measures to address, on a prioritized basis, the gender aspects of emerging and continued health challenges, such as malaria, tuberculosis, HIV/AIDS and other diseases having a disproportionate impact on women's health, including those resulting in the highest mortality and morbidity rates (General Assembly resolution S-23/3, annex, para. 72 (a)).

51. The General Assembly further urged that measures should be taken to intensify education, services and community-based mobilization strategies to protect women of all ages from HIV and other sexually transmitted infections, including through the development of safe, affordable, effective and easily accessible female-controlled methods, including such methods as microbicides and female condoms (para. 103 (b)). Access should be provided to adequate and affordable treatment, monitoring and care for all people, especially women and girls, infected with sexually transmitted diseases or living with life-threatening diseases, including HIV/AIDS and associated opportunistic infections, such as tuberculosis (para. 103 (c)).

52. In 2004, the Economic and Social Council endorsed the agreed conclusions of the Commission on the Status of Women on the role of men and boys in achieving gender equality, which called for ensuring men's access to and utilization of reproductive and sexual health services and programmes, including HIV/AIDS-related programmes and services, and encouraged men to participate with women in programmes designed to prevent the transmission and treat all forms of HIV/AIDS and other sexually transmitted infections (see Economic and Social Council resolution 2004/11, para. 6 (p)).

53. In 2007, the Commission, in its agreed conclusions on the elimination of all forms of discrimination and violence against the girl child,[16] urged Governments to ensure that young women and men have access to information and education, including peer education, youth-specific HIV education and sexual education and services necessary for behavioural change, to develop the life skills required to reduce their vulnerability to HIV infection and reproductive ill health, in full partnership with young persons, parents, families, educators and health-care providers (para. 14.2 (j)).

54. Furthermore, in 2008, the Commission, in its agreed conclusions on financing for gender equality and the empowerment of women,[19] urged Governments to address the overall expansion and feminization of the HIV/AIDS pandemic, taking into account that women and girls bear a disproportionate share of the burden imposed by the HIV/AIDS crisis, that they play a key role in care and that they have

[19] See *Official Records of the Economic and Social Council, 2008, Supplement No. 7* (E/2008/27), chap. I, sect. A.

become more vulnerable to violence, stigma and discrimination, poverty and marginalization from their families and communities as a result of the HIV/AIDS crisis. In that regard, Governments were called upon to significantly scale up efforts towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010 and ensure that those efforts integrate and promote gender equality (para. 21 (ff)).

55. In 2001, the General Assembly adopted the Declaration of Commitment on HIV/AIDS,[20] in which Member States reiterated that gender equality and women's empowerment were crucial to the reduction of the vulnerability of women and girls to HIV/AIDS. The Declaration included time-bound goals which related specifically to women, including to implement, by 2005, measures to increase the capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services; and to ensure development and accelerated implementation of national strategies for women's empowerment, the promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS (paras. 60 and 61).

56. In 2006, the General Assembly adopted the Political Declaration on HIV/AIDS,[21] in 2006 wherein Member States committed to ensuring that pregnant women have access to antenatal care, information, counselling and other HIV services; increasing the availability of and access to effective treatment to women living with HIV and infants in order to reduce mother-to-child transmission of HIV; and ensuring effective interventions for women living with HIV, including voluntary and confidential counselling and testing, access to treatment, especially life-long antiretroviral therapy and breast-milk substitutes and the provision of a continuum of care (para. 27). Member States pledged to eliminate gender inequalities, gender-based abuse and violence; increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection (para. 30); and strengthen legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV/AIDS (para. 31).

57. The General Assembly, in its resolution 61/143 on the intensification of efforts to eliminate all forms of violence against women, urged Member States to recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS and ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, including their sexual and reproductive health, free of coercion, discrimination and violence (para. 8 (k)).

D. Violence against women and girls

58. The Beijing Platform for Action recognized violence against women as an obstacle to the achievement of equality, development and peace and noted the high social, health and economic costs associated with violence against women (paras. 112 and 117). The Secretary-General's in-depth study on all forms of

[20] General Assembly resolution S-26/2, annex.

[21] General Assembly resolution 60/262, annex.

violence against women emphasized that violence against women has consequences for women's health and well-being and carries a heavy human and economic cost (para. 156).[22]

59. To combat violence against women, the Platform for Action urged relevant actors to provide well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counselling services and free or low-cost legal aid, where it is needed, and assistance to enable them to find a means of subsistence (para. 125 (a)); and to recognize, support and promote the fundamental role of intermediate institutions, such as primary health-care centres, family-planning centres, existing school health services, mother and baby protection services, and centres for migrant families in the field of information and education related to abuse (para. 125 (f)).

60. In the outcome of its twenty-third special session (see resolution S-23/3, annex), the General Assembly called on Member States to develop gender-sensitive supportive programmes and train health workers to recognize gender-based violence and provide care for girls and women of all ages who have experienced any form of violence (para. 69 (i)); and to adopt and promote a holistic approach to respond to all forms of violence and abuse against girls and women of all ages, including girls and women with disabilities, as well as vulnerable and marginalized women and girls in order to address their diverse needs, including education, provision of appropriate health care and services and basic social services (para. 69 (j)).

61. In 2007, the Commission on the Status of Women, in its agreed conclusions on the elimination of all forms of discrimination and violence against the girl child,[16] called on Governments to provide age-appropriate and gender-sensitive services to girls subjected to all forms of gender-based violence (para. 14.9 (c)). Governments were urged to develop and implement national legislation and policies prohibiting harmful customary or traditional practices, particularly female genital mutilation, that are violations of and obstacles to the full enjoyment by women of their human rights and fundamental freedoms (para. 14.4 (d)); create and support community-based networks to advocate against all forms of violence against girls, develop programmes to sensitize and train health workers and other professionals working with and for the girl child to the issue, including on the early detection of violence, and integrate comprehensive measures and incentives that promote the full enjoyment of human rights and equality by the girl child into national development strategies (para. 14.9 (f)); and increase education and training among teachers and health service providers in identifying acts of violence against the girl child, and ensure that they also take action to eradicate all forms of violence against the girl child, including customary and traditional practices that are harmful to the health of the girl child (para. 14.9 (l)).

62. The General Assembly, in its resolution 61/143 on the intensification of efforts to eliminate all forms of violence against women, urged Member States to strengthen national health and social infrastructure to reinforce measures to promote women's equal access to public health and address the health consequences of violence against women, including by providing support to victims (para. 8 (j)).

[22] A/61/122/Add.1 and Add.1/Corr.1.

63. The Committee on the Elimination of Discrimination against Women, in its general recommendation 19 of 1992,[23] recommended that States parties should establish or support services for victims of family violence, rape, sexual assault and other forms of gender-based violence. Such measures could include establishing refuges, training health workers and providing rehabilitation and counselling (para. 24 (k)).

[23] See *Official Records of the General Assembly, Forty-seventh Session, Supplement No. 38* (A/47/38), chap. I.